EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PRECEDURE &
STANDING ORDERS FOR:

Behavioral & Psychiatric Emergencies

USAMEDDAC
Fort Leonard Wood, MO
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General Leonard Wood Army Community Hospital – Emergency Medicine
Out-of-Hospital Emergency Medical Services
Standard Operating Procedures & Standing Orders for
Behavioral & Psychiatric Emergencies

Protocol and Standing Orders Reviewed By and Authorized for Use By:

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History. This is the first revision publication of the USAMEDDAC Emergency Medical Services, Adult Management of Behavioral & Psychiatric Emergencies SOP.

Summary. This plan explains the policies, procedures, protocols and standing orders prescribed for all area and levels of EMS personnel for treatment of suspected or confirmed patient chief complaint of behavioral and/or psychiatric disorders/emergencies of any origin during all out-of-hospital EMS calls, dispatches and inter-facility patient transfers.

Applicability. This patient care protocol (SOP) applies to the Training Support Battalion (TSB) Range Control medics, EMS First Responder personnel of the Fort Leonard Wood Fire & Rescue Department, Emergency Medical Services personnel assigned to the USA MEDDAC Ambulance Section (FLWEMS) and US Army Chemical Defense Training Facility (CDTF) on Fort Leonard Wood and any other out-of-hospital emergency care provider working under or through the Installation Medical Authority (IMA) as delegated to or through the General Leonard Wood Army Community Hospital, Chief of Emergency Medicine or their designee.

Interim Changes. Interim changes to this plan are not official unless they are authenticated by the Chief of Emergency Medicine, USAMEDDAC, Fort Leonard Wood, Missouri. Users will destroy interim changes on their expiration date unless sooner superseded or rescinded.

Distribution. Distribution of this plan is made in accordance with the requirements of the installation.

Summary 0f Changes

- Purpose statement. Includes BLS care considerations.
- Scope of Practice guidelines incorporated for the Fort Leonard Wood Training Support Battalion, SAPPER & GLWACH Military Medics (68W), General Leonard Wood Army Community Hospital Civilian EMT-Basics & Intermediates and Fort Leonard Wood Fire & Rescue Department (EMT-Basics, Intermediates & Paramedics).
- Establish IV access using **0.9% NORMAL SALINE** (0.9% NaCL).
- Storage and use of **LORAZEPAM** (Ativan) as an alternative sedative to manage the severely distressed patient with acute behavioral and/or psychiatric illnesses.
- Considerations for **FLUMAZENIL** (Romazicon) for EMS induced overdoses involving benzodiazepines.
- Additions of “Authority”, “Policy” and “Responsibility” statements.
- SpO2 monitoring.
- Capnograph (EtCO2) monitoring.
- Considerations for referring to General Leonard Wood Army Community Hospital – Emergency Medicine Out-of-Hospital Emergency Medical Services Standard Operating Procedures & Standing Orders for Altered Level of Consciousness for patients who behavioral/psychiatric complications may be from other causes.

General Leonard Wood Army Community Hospital – Emergency Medicine Out-of-Hospital Emergency Medical Services Standard Operating Procedures & Standing Orders for:
BRHAVIORAL & PSYCHIATRIC EMERGENCIES
(Revised: January 2007)

Purpose
The "General Leonard Wood Army Community Hospital – Emergency Medicine Out-of-Hospital Emergency Medical Services Standard Operating Procedures & Standing Orders for the Adult Management of Behavioral & Psychiatric Emergencies" replaces all previous FLWEMS published and sponsored organically used and/or distributed SOP's to non-GLWACH based EMS providers of BLS and/or ALS care for the management of: Behavioral & Psychiatric Emergencies. Such complications include but are not limited to acute psychosis, homicidal and/or suicidal ideations, severe depression/anxiety or any other behavioral & psychiatric emergency that may pose a direct harm to patient, emergency care providers and/or general public.

Scope of Practice

Scope of Practice guidelines for assessment tools, airway adjunct(s)/procedures) intervention skills and pharmaceutical administrations for all activities, units, organizations and personnel operating under the "General Leonard Wood Army Community Hospital – Emergency Medicine Out-of-Hospital Emergency Medical Services Standard Operating Procedures & Standing Orders for Airway Care, Respiratory Distress Problems and Dyspnea.

(MC): Denote interventions that require direct authorization from on-line physician "Medical Control" of the General Leonard Wood Army Community Hospital – Emergency Department and/or the Chemical Accident or Incident Response & Assistance (CAIRA) Medical Response Team Leader (MRTL), CAIRA Medical Augmentation Team Leader (MATL) and/or transferring provider or receiving facility "Medical Control" physician for inter-facility patient transports.

General Leonard Wood Army Community Hospital & Chemical Surety EMT-Paramedics	Fort Leonard Wood Training Support Battalion, SAPPER & GLWACH Military Medics (68W)	General Leonard Wood Army Community Hospital Civilian EMT-Basics & Intermediates	Fort Leonard Wood Fire & Rescue Department (EMT-Basics, Intermediates & Paramedics)
Oxygen 2-15Lpm by appropriate delivery device	Oxygen 2-15Lpm by appropriate delivery device	Oxygen 2-15Lpm by appropriate delivery device	Oxygen 2-15Lpm by appropriate delivery device
Pre-Hospital Emergency Procedure steps 1 through 11.	Hospital Emergency Procedure steps 1 through 11.	Hospital Emergency Procedure steps 1 through 11.	Hospital Emergency Procedure steps 1 through 11.
Establish IV access using **0.9% NORMAL SALINE** (0.9% NaCL)	Application of physical four-point soft restraints.	Application of physical four-point soft restraints.	Application of physical four-point soft restraints.
Administration of **HALOPERIDOL** (Haldol) 2-5mg IM as needed.	Contact medical control for further orders as needed.	Contact medical control for further orders as needed.	Contact medical control for further orders as needed.
Administration of **DIAZEPAM** (Valium) 2-5mg IM or IVP.	**(MC):** Transport to appropriate Emergency Department.	**(MC):** Transport to appropriate Emergency Department.	Detailed documentation of patient condition & interventions provided.
Administration of **MIDAZOLAM HCI** (Versed) 2-5mg IM or IVP.	Detailed documentation of patient condition & interventions provided.	Detailed documentation of patient condition & interventions provided.	
Administration of **ETOMIDATE** (Amidate) 0.35mg/kg.			
(MC): Administration of **FLUMAZENIL** (Romazicon) 0.2-0.5mg IVP.			

General Leonard Wood Army Community Hospital & Chemical Surety EMT-Paramedics
(Continued)

Administration of **LORAZEPAM** (Ativan) 1-2mg IM or IVP
SpO2 monitoring.
Capnography (EtCO2) monitoring.
Detailed documentation of patient condition & interventions provided.
CAIRA considerations.
S.T.A.R.T. Triage considerations.
Inter-Facility patient transport guidelines.
Application of physical four-point soft restraints.
Contact medical control for further orders as needed.
Transport to appropriate Emergency Department.

Indications

1. Patient with a Chief Complaint inclusive of but not limited to:
    a. Depression
    b. Bipolar Disorder
    c. Acute Psychosis
    d. Homicidal Ideations
    e. Suicidal ideations
    f. Server Anxiety
    g. Schizophrenia

Authority
The Hospital Commander of the General Leonard Wood Army Community Hospital shall assume the responsibility of the Installation Medical Authority *(IMA)* for Fort Leonard Wood and all of the medical activities within its boundaries. GLWACH Command Administration has delegated to the Supervisory Paramedic through the Chief of Emergency Medicine the authority to ensure that the objectives and mission of the FLWEMS are achieved.

Policy
To establish guidelines for the out-of-hospital emergency medical technician (of all levels) care for all organizations (FLWEMS, FLWF&R, TSB, etc.) who are delegated or responsible for emergency medical care of persons assigned to or visiting the Fort Leonard Wood installation.

Responsibility
It is the responsibility of the Supervisory Paramedic to ensure that personnel affected by this SOP are knowledgeable and in compliance with this policy and procedures.

PRE-HOSPITAL EMERGENCIES

Indications
Outline EMS care provider for the care and management of the patient with acute behavioral and/or psychiatric emergencies.

Procedure

1. Consider additional support *(i.e. MP's, Drill Sergeant's, additional EMS personnel, etc.)*. Before intervening, assess the risk to your own safety and of other emergency personnel and bystanders.

2. Give first priority to life threatening illnesses/injuries and treat to the appropriate patient care protocol.

3. Secure an airway as outlined in FLWEMS Paramedics Adult Protocol for the Management of Airway & Ventilation and administer supplemental **OXYGEN** as needed.

4. Take control of the situation.

5. Assign assisting emergency personnel/bystanders to perform some task when appropriate.

6. Accept the patient's feelings. Do not tell the patient how to feel.

7. Display a calm, professional, compassionate, reassuring attitude to help calm the patient.

8. Avoid severe anxiety reactions in family members, friends and bystanders by using good scene management skills. Have the appropriate authorities remove unnecessary persons from the scene.

9. Have family persons provide support to the patient as necessary.

10. To avoid heightening the patient's anxiety, develop some rapport with the patient before carrying out the physical examination. Maintain privacy, professionalism and efficiency.

11. If the patient is anxious or confused, explain all procedures carefully.

12. If the patient is violent, combative or an immediate danger to him/her self, bystanders or emergency personnel; consider the one of the following:

    a. Establish IV access using **0.9% NORMAL SALINE** (0.9% NaCL) and infuse at a rate of 20-30cc/hour.

    b. **HALOPERIDOL** (Haldol) 2-5mg IM as needed, may repeat × 1 needed if original dosing is ineffective.

    c. **DIAZEPAM** (Valium) 2-5mg IM or IVP, may repeat × 1 needed if original dosing is ineffective.

    d. **MIDAZOLAM HCl** (Versed) 2-5mg IM or IVP, may repeat × 1 needed if original dosing is ineffective.

    e. **ETOMIDATE** (Amidate) 0.35mg/kg, may repeat × 1 needed if original dosing is ineffective.

    f. **LORAZEPAM** (Ativan) 1-2mg IM or IVP, may repeat × 1 needed if original dosing is ineffective.

        (1) **LORAZEPAM** (Ativan) must be kept secured and refrigerated until ready for use.

(2) ALS providers shall contact Medical Control as soon as possible after sedation medications that have been administered as a "Standing Order" IAW this SOP.

(3) ALS providers must be aware of "over-sedating" when administering medications such as **DIAZEPAM, MIDAZOLAM HCl** and **LORAZEPAM**. If patient develops respiratory depression as a result of these medication administrations, ALS providers should:

(a) Assist patient's ventilatory effort using BVM with high consideration **OXYGEN** amounts.

(b) Assure that patient has been properly placed in four-point restraints and then contract Medical Control prior to considering the administration of **FLUMAZENIL** (Romazicon) 0.2-0.5mg IVP for EMS induced overdoses involving benzodiazepines. **FLUMAZENIL** (Romazicon) may not be administered by EMS providers without the direct authorization of on-line Medical Control.

(c) Maximum dose of **FLUMAZENIL** (Romazicon) is 3mg in a one hour period.

g. Patients receiving the above named sedatives for behavioral control must also receive:

(1) Supplement **OXYGEN** (O2) 2-15Lpm as needed.

(2) SpO2 monitoring

(3) Capnograph (EtCO2) monitoring

h. Physical four-point soft restraints, assure enough personnel are available to safely, swiftly and professionally restrain the patient ONLY as needed.

13. Patients requiring physical restraints must have a physician's evaluation with one hour of having the restraints applied.

14. Once restraints have been administered by FLWEMS personnel, they may not be removed unless directed to do so by Medical Control.

15. Utilization of physical restraints must be used as a last resort for the severely troubled patient who is intent on harming themselves or others.

16. Refer to General Leonard Wood Army Community Hospital – Emergency Medicine Out-of-Hospital Emergency Medical Services Standard Operating Procedures & Standing Orders for Altered Level of Consciousness for patients who behavioral/psychiatric complications may be relative to conditions that may cause and altered mental status such as hypoglycemia, pyrexia, drug overdose, alcohol abuse, stroke, etc.

17. Contact medical control for further orders as needed.

18. Transport to appropriate Emergency Department.

Documentation

1. EMS providers must in detail, document events leading up to current situation that lead to the activation of the FLWEMS system.

2. Document a complete History and Physical Exam.

3. If medications are used:

(a) Indications as to why medications were necessary.

(b) Name of medication administered.

(c) Dose and route of medication administration.

(d) The effect *(if any)* medication had.

4. If physical restraints are used, a post restraint application exam with particular detail to distal circulatory and neurological functions.

CAIRA/Chemical Surety Considerations
None

Triage Considerations
Minimal Category

INTRA-FACILITY TRANSPORT

Indications
For patients regardless of service or dependency status requiring ambulance transportation and admission to a medical/psychiatric treatment facility for in-patient treatment/therapy.

Special Considerations

1. In an effort to maintain continuity of care and patient safety, any patient, regardless of psychosis acuity that is considered to be an "in-patient" or a patient in an "out-patient" clinic/department *(Behavioral Medicine, Emergency Department, etc.)* and being admitted to any facility other than GLWACH, should be transported by ambulance with a paramedic attendant.

2. The need for addition attendants during transport shall be made on a case-by-case basis and at the discretion of the referring provider and the Supervisory Paramedic.

3. Use of any rotating roster for additional personnel to assist EMS during transport is not necessary and should not be used for "routine" psychiatric patient transfers.

Procedure

1. All patients requiring ambulance transport shall have an appropriate "Patient Transport Form" completed by the referring provider/clinic.

2. FLWEMS personnel shall make patient and crew safety paramount.

3. All patients being transferred by FLWEMS personnel shall be treated compassionately and with respect.

4. Paramedics should consult with the referring provider for treatment and procedures that may be required during transport. Specific issues paramedics should discuss with referring providers include:

a. Family member "ride-a-longs".

b. Physical restraints prior to or during transport.

c. Sedative medications prior to or during transport.

5. In the event that a patient's behavior changes in such a manner that it becomes evident he/she intends to cause bodily harm to themselves or others, FLWEMS personnel may consider the following:

a. Calling for local law enforcement personnel to respond immediately for assistance.

b. Apply four-point physical restraints accordingly.

c. After restraints have been applied:

(1) Monitor all extremities and reassess distal pulses and cap refill for all extremities every 15 minutes.

(2) Readjust and loosen restraints only if restraints are causing distal circulatory compromise.

(3) NEVER remove restraints after they have been applied unless directed to do so per Medical Control.

(4) Patients that required the application of physical restraints during inter-facility transport must be evaluated a physician within one hour or as soon as possible upon arrival at the receiving facility.

(5) If the patient is violent, combative or an immediate danger to him/her self, bystanders or emergency personnel; consider the one of the following:

(a) Establish IV access using **0.9% NORMAL SALINE** (0.9% NaCL) and infuse at a rate of 20-30cc/hour.

(b) **HALOPERIDOL** (Haldol) 2-5mg IM as needed, may repeat × 1 needed if original dosing is ineffective.

(c) **DIAZEPAM** (Valium) 2-5mg IM or IVP, may repeat × 1 needed if original dosing is ineffective.

(d) **MIDAZOLAM HCl** (Versed) 2-5mg IM or IVP, may repeat × 1 needed if original dosing is ineffective.

(e) **ETOMIDATE** (Amidate) 0.35mg/kg, may repeat × 1 needed if original dosing is ineffective.

(f) **LORAZEPAM** (Ativan) 1-2mg IM or IVP, may repeat × 1 needed if original dosing is ineffective.

(i) **LORAZEPAM** (Ativan) must be kept secured and refrigerated until ready for use.

(ii) ALS providers shall contact Medical Control as soon as possible after sedation medications that have been administered as a "Standing Order" IAW this SOP.

(iii) ALS providers must be aware of "over-sedating" when administering medications such as **DIAZEPAM, MIDAZOLAM HCl** and **LORAZEPAM**. If patient develops respiratory depression as a result of these medication administrations, ALS providers should:

(A) Assist patient's ventilatory effort using BVM with high consideration **OXYGEN** amounts.

(B) Assure that patient has been properly placed in four-point restraints and then contract Medical Control prior to considering the administration of **FLUMAZENIL** (Romazicon) 0.2-0.5mg IVP for EMS induced overdoses involving benzodiazepines. **FLUMAZENIL** (Romazicon) may not be administered by EMS providers without the direct authorization of on-line Medical Control.

(C) Maximum dose of **FLUMAZENIL** (Romazicon) is 3mg in a one hour period.

d. Perform a complete head-to-toe patient assessment and treat any injuries appropriately per protocol.

6. Continue transport and attempt to reduce patient anxiety.

7. Contact Medical Control for further orders as needed.

Documentation

1. By name, the referring provider.

2. By name, the accepting provider.

3. Transferring diagnosis.

4. Complete History and Physical Exam with vital signs at least every 30 minutes.

5. If physical restraints are used, a post restraint application exam with particular detail to distal circulatory and neurological functions.

   a. If physical restraints were initiated at GLWACH and required during transport, paramedics will continue appropriately documenting patient care on a USAMEDDAC OP 330 and MEDCOM Form 688-R.

6. If medications are used:

   (a) Indications as to why medications were necessary.

   (b) Name of medication administered.

   (c) Dose and route of medication administration.

   (d) The effect *(if any)* medication had.

7. Patient's that require use of restraints during inter-facility transports will be treated, cared for and documented in the same manner as if they were in the MTF and IAW USA MEDDAC Pamphlet 40-3.

END OF SOP – NOTHING FOLLOWS